

EXHIBIT 117

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Eli Lopez Padilla

Participant's Address:

HCOI Box 6224 Santa Isabel, PR

Participant's Email Address:

N/A

00757

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Promesa Title III

By:

Signature

Eli Lopez Padilla

Print Name

Title (if Participant is not an individual)

8/4/21

Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

contestación en español no hablo inglés

PR.1845-SRF.55176 Pack 1D 38013 MMLID 214453P SVC MML-PS
From. Padilla, Eli Lopez
HCO1 Box 6224
Santa Isabel, P.R. 00757-9715



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